

The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

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The President Speaks

I would be less than grateful if I did not accede to the request of your Editor that I extend as President of the Society words of greeting to members in the Hampden District. He, you will recall, was my tutor during the year that I served as President-elect, and I found him always most helpful in assisting me to learn the duties of my present office.

The office of President is the center of the widespread activities of our Society. Manning the posts as chairmen of our numerous committees are fellows who cheerfully contribute much time and energy to furthering professional progress throughout Massachusetts. I cannot speak too highly of those members who serve in official capacities. Their work is of ever increasing importance to-day as problems multiply.

I particularly wish to direct an appeal to our Hampden members to maintain and strengthen their interest in the Society as a whole. There are a number of very good reasons why this should be done.

One reason which I mentioned at the annual Council meeting is extension of the facilities within the Society to the end that medical practitioners

who may be graduates of sub-standard medical schools may receive that guidance and training which will enable them to become full-fledged members of our Society. It is my understanding that work along this line is well under way in your district. I urge its continuance that we may welcome as many as possible to the fold and I congratulate those members especially in Springfield who are carrying on this excellent work.

As you well know, considerable progress in formation of the ladies' Auxiliary has rewarded Dr. Conlin's able activity in this line. I can assure you members of this district that the formation of a Ladies' Auxiliary will be of great benefit to our Society in the years to come and I trust that you will bend every effort in the Hampden District to further this cause.

Space does not permit the detailing of other plans under way for the benefit of all members, but I am grateful for the opportunity to address these few words to you and I look forward to the pleasure of meeting you all in the near future.

Daniel B. Reardon
President
Quincy

August, 1948

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
—Hippocrates, 430 B.C.

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HAIL, HAIL!

The Hippocrat wishes to extend to Dr. Daniel B. Reardon of Quincy congratulations upon his election to the Presidency of the Massachusetts Medical Society, and best wishes for the success of his regime in the complex business of running our affairs. With the full-time Secretary now galluping efficiently, and the Director of Medical Information and Education in full stride, the routine details should not prove burdensome, leaving time enough to study needs and formulate policies. From experience, we can assure him that the Society is fortunate in the large number of able fellows who will answer his call to serve without question in any case of need.

"Now let us sing, Long live the King, and Reardon, Long live he!"

Bungling Through!

Since the fifth of July, 1948, the National Health Service act has been in force in England and Wales. Under this directive of the Socialist Government, twenty-seven and a half million persons, according to a creditable report, *have registered for medi-

cal panel service. Likewise, eighteen thousand British practitioners have definitely, if reluctantly, agreed to participate. Wishful thinkers predict that eventually the clinical needs, including hospitalization, of from 90 to 95% of the population in those areas of the 'Tight Little Isle' will be met after this fashion. Perhaps Scotland is still tighter, for she operates under her own Ministry of Health.

Official estimates place the cost of this venture in compulsory therapeutics at one hundred and eighty million pounds for the first nine months, that is to say, close to two hundred and twenty-five millions for the full year, or nine hundred million dollars at the current rate of exchange of four dollars to the pound. Transpose those figures across the Atlantic and apply them to 140 million theoretical (fortunately) Americans. The corresponding answer is 4,581,000,000, right where Messrs. Falk and Altmyer would like to see it—at least a billion and a half more than such services cost at present.

With hospitals in control of the government, it may be easier to stabilize the costs of food, wages and special services, though such is not the usual experience with federal direction of agencies. 2751 out of 2987 English hospitals were taken over at the inception of the new plan, so the answer to that question may be clarified before long, at least for our British brethen. Whether or not the young physicians starting out in practice can subsist on the subsidy of \$1,200, he must take that and like it for three years. Thereafter he may add a charge per patient, the so-called captation, if he survives this period of

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Anurinia, so to say! The older boys may take it or leave it, may continue to capitate as usual, but they may not indulge in the time-honored custom of selling their practices. That is one compromise that Minister Bevan would not make. Finally, they may refuse patients, also they may starve.

We must watch this doubtless well-intended venture with open minds, realizing that it exhibits some sound features that were recommended by the doctors themselves, such as placing the teaching hospital centers in the thicker-populated districts instead of in the counties encumbered with local politics. Our sympathy nevertheless goes out to the harrassed fellow-practitioners who are the pawns on this politico-economic chess board. We shall owe them a warm vote of thanks for proving for us all what methods are best for purveying health to humans, whether under voluntary auspices or by means of federal compulsion.

Here beyond the western reaches of the Atlantic, a determined effort is being made to provide modern medical service with prepaid insurance, through non-profit organizations such as the Blue Shield and Blue Cross and through commercial companies. As of March 31, 1948, thirty million individuals in the United States and Canada already are covered by Blue Cross insurance under fifty-two Blue Cross Plans, and six million have secured complete coverage. The Hospital Insurance Plan in New York operating through groups of twenty to twenty-five physicians, covers groups of employees who receive up to \$5,000

yearly income. Approximately one million are so protected and accruals are coming in at an extremely rapid rate.

In the words of Vice Chairman Louis H. Pink of the Blue Cross Commission, 'Most of us would prefer pre-payment because of the wider individual choice allowed and greater control of scope and quality of the service, but if voluntary pre-payment insurance fails, or if it does not grow fast the government must step in. There can be no question of the need for better distribution of medical service in these United States since the publication of reliable figures from the survey of the American Academy of Pediatrics, even of the lack of adequate medical education. Here again, unless funds can be raised privately, the conclusion of Dr. J. P. Hubbard, who conducted the survey, that federal funds must be provided seems unanswerable. The governing Board of the Academy has agreed because of strenuous objections, particularly from California physicians, to allow time for the solicitation of funds to bolster medical education,—more especially pediatric — before asking the government to increase the health budget for this purpose.

The lesson seems obvious that the interests of the patients, hospitals and physicians themselves will best be served by active and more complete cooperation of doctors in securing both pre-paid insurance and in covering outlying districts either singly or in groups.

*Frank S. Adams, New York Times, July 18, 1948.

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Resume of National Medical Legislation

The 80th Congress adjourned with some things to its credit on the medical side of the ledger, chief of which were its refusal to pass the Wagner Bill and its ratification of the United States as a member of the World Health Organization. There were several bills enacted into law — The National Heart Bill, for research into diseases of the heart; a Dental Bill for the establishment of a centre under the Public Health Administration, to study into the causes and control of tooth decay; bills relating to hospital construction; to revision of the Medical department of the Army and Navy; a selective service bill which includes calling first on the doctors educated at government expense, as well as others up to 25 years of age, and filling the gaps with those under 45, who saw little or no active service or were deferred for insufficient reasons from military duty in World War II.

Among the bills defeated was the National Science Bill, authorizing a central agency for scientific investigation. Our amazing scientific achievements during the recent war would never have been possible had it not been for centralized control.

There were numerous other bills, all of which indicate that Congress was very much on its toes regarding its responsibility for legislation on matters pertaining to the people's health, and it is quite evident that there is a growing disposition on the part of our lawmakers, to try and see the doctors' point of view. This was especially noticeable at the meeting of the

National Health Assembly, called by Oscar Ewing, Federal Security Administrator, to obtain suggestions for the 10 year National Health program, proposed by President Truman. The medical profession was well represented on the Executive Committee, and medical problems were discussed freely without rancor both from the point of view of the public as well as of the doctors. It is apparent that the medical profession is shedding some of its Noli Me Tangere attitude, and willing to agree that the public has a grievance. Mr. Truman addressed the Assembly and stated again his conviction that compulsory health insurance is the only way to give adequate medical care to all the people.

The Brookings report helped to shelve the Wagner-Murray-Dingell bill—but even the conservatives of the A.M.A. can see clearly that none of the voluntary prepayment plans yet proposed, meets the needs of all population groups. An overall plan elastic enough to include all sorts and conditions of men, has not been brought forward. In fact we do not even know how many if any of the non-profit prepayment plans will survive under the inflationary spiral of living costs. When the A.M.A. takes its group insurance away from the Blue Cross because a commercial agency can give more benefits at lower cost, it is an indication that the old line insurance companies can still offer effective competition. Whether medical care can be provided best under non-profit or commercial agencies, is still open to question, but the point of chief interest for us is that Congress turned down the Compulsory Sickness Insurance bill because it didn't jibe with

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the American system of free enterprise. On the other hand this bill is not buried forever, nor will it be until we present an alternative compatible with our democratic concepts.

Excerpts from a Doctor's Code Circa 1376 from Chaucer's World by Edith Rickert

In the first place, a doctor who wishes to succeed in his profession should always remember God in all his works and should always meekly pray with heart and mouth for his help; and he should from time to time give of his earnings to the poor that they by their prayers may get him grace of the Holy Ghost.

He must not be rash and boastful in speech or in deed. He had better not talk much, especially among great men. And he should answer cannily to all questions so that he may not be tripped up by his own words. If his results do not carry out his words and his promises, he will be looked down upon, and his reputation will suffer.

A doctor should also be careful not to laugh and joke too much; and, as far as he can, he should avoid the company of knaves and dishonest persons.

Let him always keep busy with matters that belong to his profession—reading or writing or studying or praying. The use of books is creditable to a doctor because they both keep him occupied and teach him something. Above all, it is important that he be found always sober; for drunkenness spoils every good thing.

If anyone talks to him about another doctor, he should neither make light of him nor praise or commend

him too much, but he may say with all courtesy, "I have no real knowledge of him, but I have heard nothing about him but what is good and to his credit."

A doctor should not look too boldly at the lady of the house or her daughters or other fair women in great men's houses, or offer to kiss them, or touch them with his hands, lest he move to indignation the lord or some one of his household.

So far as he can, he should avoid giving offense to servants, but should try to get their love and good will.

Let him refrain from vice, as well in word as in deed, for if he be given to secret vice, some time he will be found out and dishonored for his evil practices.

When sick men or their friends come to consult him, let him be neither too haughty nor too familiar, but adapt his manner to the status of the persons: to some respectful, to others friendly. For wise men say that familiarity breeds contempt.

It is a good thing for him to make up excuses that he cannot do anything for them safely or without causing the indignation of some great person, or because he is too busy. Or he might pretend to be hurt or ill if he wants to get out of undertaking a case. And if he does take up a case, let him make terms for his work and take the money in advance.

He should be careful not to pronounce upon a case until he has seen it and observed what it is. When he has made an examination, even though he may think that the patient can be cured, in his prognosis he should warn him of the danger of deferring treatment. And if he sees that the patient

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is eager let him boldly adjust his fee to the man's position in life for the cure.

Furthermore, a doctor should always be well dressed and neat in appearance, not gay like a minstrel but sober like a clerk, because any discreet man dressed like a clerk may sit at a gentleman's table. A doctor should also have clean hands and well-shaped nails, thoroughly cleaned. He should always be courteous at lords' tables and not displease the other guests, either by his words or his manner. He should listen well but say little. . . . And when he does speak, his words should be brief, agreeable, full of sense, and free of oaths. And he should never lie; for if he be found truthful in his speech, few or none will lack confidence in what he does.

A young doctor should also learn good proverbs suited to his profession to comfort his patients. . . . Moreover, he should comfort his patient by admonishing him to be of strong heart. For greatness of heart makes men strong and hardy to suffer sharp and grievous pain. . . .

It is also useful for a doctor to have a stock of good and amusing stories to make the patient laugh, both from the Bible and from other tragedies, and any others that are not objectionable which may make the patient more cheerful.

A doctor should be careful never to betray the secrets of his patients, either men or women, or belittle some to others . . . for if a man knows that other men's secrets are well kept, he will be the readier to trust you with his own.

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There Should Be A Law

So often we hear this statement being made when our rights are being violated.

It raises the question "what are our rights, duties and responsibilities?"

Fortunately, medicine is not too burdened with legal restrictions when one thinks of possibilities.

With increasing frequency, we read of physicians being entangled in law violations. It would seem that doctors have assumed special privileges whether it be an automobile violation, or the rights of others to live or die.

Time was when doctors were the very bulwark of ethics and morals, second only in importance to the church. With too many now, the word "church" brings forth the remark, "Let's be practical."

What we all need is a review of the basic rules of conduct and the source from which these rules flow. Without this, one guess is as good as another. It is not that one is ignorant, but that our philosophies differ.

As an example, some feel abortion is always justifiable. Others admit exceptions, while still some claim, it is always murder.

With these conflicting views, we must have conflicting basic philosophies. There must be a true answer. The greatest number of votes do not necessarily guarantee the validity of any

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proposition. And then for good measure, we are told that what is truth yesterday is not necessarily truth today. Tomorrow 2 plus 2 might equal 5.

So, with this background, the young medico embarks on a career with ideals tintured with questionable ideas of practicability and an implied immunity as to the law of our courts.

Responsibility implies certain duties to someone or something.

What? Until we can decide on this, we are not talking the same language.

The commonest answer is "We don't discuss these things." "They are too personal."

If this be the case, let's drop the whole issue instead of drooling about things of which the basic concepts are matters of such great disagreement.

To illustrate—the doctor like the state executioner is the proper agent to carry out many physical procedures, but I am sure neither should be considered qualified to decide when all of these procedures should be carried out. They may carry out the laws, but not make them.

There is less respect for authority and a greater desire of the individual to take over.

Certain doctors of medicine, particularly psychiatrists, are ever ready to tell others how to live their lives. Domestic relations, education, industrial personnel management and even the international situation now falls within their ken.

Can anyone be that good? "Shoemaker stick to your last"—else your infantile philosophical meandering will cause patients to lose faith in your ability—in your chosen field—the art of healing.

Post Graduate

The program of the Post Graduate Assembly for this district has now been completed for a year. Three meetings were held, two in conjunction with the Academy of Medicine. The subjects of the three meetings were, Cancer, Psychiatry and Hypertension. Program for next year is not yet set up and any suggestions would be appreciated. In addition courses have been run at the Academy of Medicine rooms on Friday mornings. A three months' course in Cardiology was given followed by another three months of Gynecology. Also three lectures in orthopedics have been given. All these courses have been conducted by local teachers. It is expected this program will be continued next Fall.

James L. Smead

The Nervous Doctor

Why bother for example, to analyze the emotional frustration that brought on a ballooning of the colon with gas when relief is so easy and pleasant? And yet there are too many occasions when relief may be so embarrassing that, after the first warning, a high speed analysis would be most welcome. The halitosis, for example, that can't respond to measures of oral and nasal hygiene for the obvious reason that the trouble is lower in the digestive tract will clear up far more surely when the patient realizes that his pulse and blood pressure are not the only organs that habitually respond to the primitive emotion of fear, annoyance or anger.

Similarly, the old housewife's comment "God Bless You", or "you sneezed

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to the truth" is recognition of the phenomenon that nasal congestion may occur without obvious respiratory irritants, and from the same factors that bring tears to our eyes when we witness a cleverly dramatized movie scene.

The gag "I'm allergic to blonds" is no denial that one can also be allergic to foreign proteins. Rather it is a reminder that in numerous subtle ways, practically every part of our body may respond to an unsuspected emotion—to fear, rage, hostility, pain, pleasure, and love. The blush of embarrassment, the faintness, tachycardia and clammy skin of anxiety, and the shaking knees and dry throat and lips of the speaker before he mounts the platform are too well known to be ignored.

Why should the normal physician be immune to any of these? The answer is obvious. He isn't. As long as he maintains high standards of personal and professional ethics for himself, just so long will he expect the same of others, and just so long will he be disappointed. For the truth is that the good doctor is EX-

PECTED to be above the average. He learns that the best is all too often not even good enough. He is constantly pitting his acquired skills against insuperable odds. He has to play God almost every day of his life, and he is under constant compulsion to improve his efforts. His very career is in itself a compulsive neurosis.

Late in his life—often, too late—he learns that even high speed machine tools get hot and burn out if they are not allowed to cool. Late in his life he realizes that he must take some of his own advice—longer, or more frequent short vacations, a change of occupation, relaxing recreation, and even—well sometimes—even a visit to his psychiatrist who may not be doing such a good job on himself, but often does well enough for the other fellow. Here's looking at you.

"C. S."

"This is the conclusion of a well rounded dissertation carried in serial form during the past year." Ed.